



DV Service Priority Assessment Form

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|-------------------------|-------------------|-----------|
| Client Last Name | First Name | |
| Agency File Number | ID Type | ID Number |
| Date | Primary Language | |

Current Status

Section A

Reason for call: Partner violence or abuse Other (please specify):

Do you have children? YES NO Don't know

Are you (or any children) in danger right now? YES NO Don't know

*If YES, go to Section C.
If NO, go to Section B.*

Section B

Is it safe for you to talk right now? YES NO Don't know

If YES, go to Section D.

Do we need to call 911? YES NO Don't know

*If YES, go to Section C.
If NO, arrange to meet or speak with the client as soon as possible.*

| | | |
|------------------|------|----------|
| Appointment Date | Time | Location |
|------------------|------|----------|

Section C

Note: Emergency responders prefer the client calls 911 directly

Are you able to call 911 directly? YES NO Don't know *If NO, let the client know a co-worker is calling 911.*

| | | |
|-----------------------------|------------------|-------|
| Where are you calling from? | Location Address | Apt # |
|-----------------------------|------------------|-------|

Where is the activity occurring?

Are there any weapons involved? YES NO Don't know *If YES, What type of weapons? (please specify):*

Does s/he (abuser) have access to weapons? YES NO Don't know *If YES, What type of weapons? (please specify):*

Is anyone injured? YES NO Don't know *Where is s/he (abuser) right now? (please specify):*

Are there children or anyone else with you at your location? YES NO Don't know *If NO, Are you expecting anyone, and if so when?*

| | | |
|-----------------------------------|-------------------|---------------------|
| <i>If YES, How many children?</i> | How old are they? | Where are they now? |
|-----------------------------------|-------------------|---------------------|

Are there drugs or alcohol involved? YES NO Don't know *Has this happened before?* YES NO Don't know

Is there anything else the police should know? (please specify):

Risk and Safety Factor Assessment

Section D *Note: Please explain that the purpose of these questions is the safety of the client*

Do you fear for your safety (or the children's safety)? YES NO Don't know

Do you have a safe place you can go (with the children) if there is trouble? YES NO Don't know

Does s/he have a history of violence or crime? YES NO Don't know

Have you, a child, a pet or anyone else recently been injured or threatened by him/her? YES NO Don't know *If YES, Has the violence been getting worse?* YES NO Don't know

If YES, please specify: Client Child Pet Another Family Member Friend or New Partner Other (please specify):

If YES, Have you contacted the police? YES NO Don't know

Are you aware of whether s/he has ever had any court orders or bail conditions? YES NO Don't know *If YES, Is s/he currently under any court order or bail conditions?* YES NO Don't know

If YES, Has s/he ever violated the court order or bail conditions? YES NO Don't know

Have you recently been separated or discussed separation with him/her? YES NO Don't know *Are you pregnant or have you recently been pregnant?* YES NO Don't know

Has s/he stalked or harassed you? YES NO Don't know *Does s/he have access to weapons?* YES NO Don't know

Does s/he have a problem with drugs or alcohol? YES NO Don't know *Has s/he been depressed or diagnosed with a mental health issue?* YES NO Don't know

Is s/he jealous or controlling? YES NO Don't know *Has s/he talked about or tried to commit suicide?* YES NO Don't know

Has s/he recently experienced financial difficulties or employment problems? YES NO Don't know

Service Priority

Does this client require priority service? YES NO

Would you like to see someone right away? YES NO Don't know

If NO, respect the client's judgement but strongly suggest they meet with you right away if s/he requires priority service.

Appointment Date | Time | Location

Is there a safe number where I can call you? YES NO Don't know

If YES, Phone Number: _____
 Home Cellular Other

Is it okay to leave a message at this number? YES NO Don't know

Encourage the client to call 911 directly if at any time they feel their safety is at risk